

UNIT CARD SET-UP SHEET

MACOM- _____ SET-UP DATE _____
HL1 0000001 HL2 2000010 HL3 _____ HL4 _____

ACCOUNT MANAGER (Pays bill) _____
UNIT/OFFICE _____
ADDRESS _____
CITY _____ STATE _____ ZIPCODE _____
PHONE NUMBER _____
FAX NUMBER _____
EMAIL _____

Cardholder Names: Social Security Number: Credit Limit Wanted(Monthly):

1. _____
2. _____
3. _____
4. _____
5. _____

EMBOSS CARD WITH:

NOTE: A justification letter must be submitted through your MACOM and endorsed from your budget people before it is sent back to this office. All requests will be denied without proper justification. Justification letter from the MACOM can be mailed or faxed to:

**HQ, Military Traffic Management Command
Hoffman Building II
ATTN: MTPP-AT (10N35)
200 Stovall Street
Alexandria, VA 22332-5000
Fax 703-428-3391**

HIGH PROFILE/SPECIAL HANDLING GROUP: YES _____ NO _____

OPTION SET: _____

ATM Limit/Mo: \$ _____

Retail Limit/Mo: \$ _____

AUTHORIZED CHARGES:

Lodging:	YES _____	NO _____
Food Establishments:	YES _____	NO _____
Car Rental/Fuel	YES _____	NO _____
Air/Rail/Bus	YES _____	NO _____
Ship(Ferry)	YES _____	NO _____
Parking	YES _____	NO _____
Road/Bridge Tolls	YES _____	NO _____
Phone Calls	YES _____	NO _____

FINANCE LOCATION: _____

FINANCE POC: _____

PHONE: _____